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Dear Senator Harp and Representative Geragosian, co-chairs of the Human Services Committee, and committee members.

I am George Appleby, Professor of Social Work at Southern Connecticut State University, and testifying on behalf of the National Association of Social Workers. I urge you to vote down the Governor's Budget and to support SB 140 An Act Concerning Youth Transitioning Between DCF and DMAS and HB ~~5036~~ ⁵⁰⁶⁶ An Act Concerning Educational Stability for Children in the Care and Custody of DCF.

I appreciate the fiscal challenges before the House but to balance this budget on the backs of the most vulnerable, poor children and their families is unjust, unfair and exceptionally costly in the long term. Most importantly, these cuts are not consistent with the demonstrated values of the citizens of this State.

Support for the two bills before you reflect what we know about traumatized children. In a large national study of the Adverse Childhood Experiences (ACE Study, Felitti and Anda, 2005), focusing primarily middle-class, well educated adults, the authors found that these adverse experiences or traumas were more common in the general population than was expected. The study also reaffirmed that most psychologically and physically abused and neglected children will experience as adults an array of costly behavioral and physical health problems. The greater the exposure, the stronger are the negative outcomes. Children who have been abused and neglected, physically, emotionally or sexually, who have been exposed to drug or alcohol abuse, who have lost a caregiver through death or incarceration or was cared for by someone who is chronically depressed or hospitalized or whose parent was treated violently will most likely experience significant negative health outcomes in later life. Exposure, which is cumulative, increases the social and health risks exponentially. The clients of DCF and DMAS are much more vulnerable than this study population. Most social workers would rate this population with high ACE scores, meaning greater exposure to trauma. There is enough social science evidence to suggest that lower socioeconomic status (SES) will increase these ACE factors and the related negative outcomes. Research and practice wisdom suggest that seldom do children make an adequate adjustment when removed from their homes. This traumatic event is seldom addressed sufficiently in a therapeutic sense. This transition to a new culture of caregivers from DCF to DMAS or to a new school requires research-based, best behavioral health practices if we are to be successful.

My point is that lowering the quality of care or destabilizing the lives of these children will increase the ACE scores and cost the government and insurance companies more in the future.

As a former school social worker, I have been struck by the vulnerability of children to adverse events and their need for continuity with friends, teachers, and fellow students. Committee members, you as a parent, can appreciate that the stability in one part of the child's life might be all that is needed to help cope with another, more stressful part of his/her life. We must do all that is necessary to stabilize the lives of those in our care.

Thank you for your anticipated support.

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Professor of Social Work
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